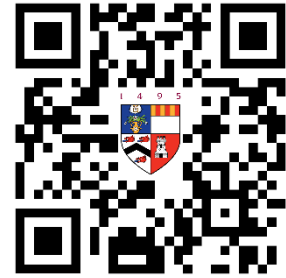




PARENTCRAFT
PODCASTS



Giving birth

Welcome to this podcast, my name is Dr Deborah Shanks and I am a consultant paediatrician in Raigmore Hospital in Inverness. This podcast has been developed as part of a parentcraft project with healthcare professionals, including midwives, and parents. This podcast is in addition to parentcraft education in your area and the Ready Steady Baby book that you will have received from your midwife.

This podcast aims to inform parents about labour and giving birth, to alleviate potential concerns and worries and help you to identify when to seek professional support. There is also a virtual tour of Raigmore Maternity Unit which can be viewed on the NHS Highland Facebook page or YouTube channel.

There are three stages to labour:

- The first stage, when your contractions make your cervix gradually open up (dilate). This is usually the longest stage.
- The second stage of labour is when your cervix is fully open and you give birth. This is the part of labour where you help your baby move through your vagina by pushing with your contractions.
- The third stage of labour is after the birth, when your womb contracts and causes the placenta to come out through the vagina.

Signs of Labour

You have been sharing an incredible journey with your baby. Your baby has been hearing your voice, enjoying the music you have been listening to, feels your touch when you rub your bump, knows when you feel anxious or calm and feels what you feel too. You are both getting ready to meet each other. You may be feeling excited but also anxious. These feelings may not be helped by hearing stories of other women's labours. Remember your labour is unique to you. As your baby is too, a unique little individual who is about to enter the world and is excited to meet you.

It is a great comfort to your baby to hear your voice, particularly when you are in labour. Lots of changes are occurring in your body, which are affecting your baby too. So speak to your baby, rub your bump and reassure them that you will both get to meet each other very soon.

A fear of pain is commonly spoken about by women who are pregnant. I will spend some time talking about the different stages of labour and what others have found helpful in managing them.

Another aspect of labour that can be hard to manage is the uncertainty of labour and knowing how long it will last. Sometimes people find it helpful to manage these feelings by planning and organising things they can control such as what music to play during the labour; choosing an outfit to take the baby home in, bringing in something to hospital from home such as your pillow.

The first stage of labour – dilation

Signs that you may be in labour will vary for everyone. Some people describe contractions similar to 'period pains'. Some women also experience backache. In the beginning the pains can be irregular, coming and going. It's not unusual for them to last for a few hours and then stop. This is called the latent phase and the duration of this can be variable, even over a couple of days.

If you are not sure how often your contractions are try and count how many you are experiencing in ten minutes. Try and move around if possible and rest if there are times that you can and eat and drink as able. For pain relief some women use the birthing ball at home and you can try the TENS machine - this is an electronic impulse machine that can be applied to your back with sticky pads. Please ask your community midwife about these and where to hire them from if you think you may like to use one.

Warm baths can give some relief and simple analgesia can be taken, such as Paracetamol, following the pack instructions. Research has proven that early labour is better managed at home, in a more familiar, relaxed environment.

If you feel your contractions have become painful and regular, for example 2 contractions in every 10 minutes, at this point you can phone your midwife or local labour suite for advice. In a first labour, the time from the start of established labour to full dilation is usually between 6 and 12 hours. It is often quicker in subsequent pregnancies.

Vaginal loss such as mucus or jelly, called a show, is normal around your due date and does not necessarily mean the onset of labour.

If your waters break, with or without contractions, you should call your midwife or labour suite, as soon as possible to arrange further assessment.

Babies should remain active throughout early labour. During any stage in pregnancy any reduction in fetal movements should be reported, as soon as you notice, to your community midwife.

Home birth

If you have a straightforward pregnancy and both you and the baby are well, you may be able to choose to give birth at home.

If you give birth at home, you'll be supported by a midwife who will be with you while you're in labour. If you need any help or your labour is not progressing as well as it should, your midwife will make arrangements for you to be transferred to hospital.

Hospital or community midwife unit birth

When calling labour suite the midwife will ask to speak with you directly. This is so the midwife can assess how you are coping with your contractions and to ask some appropriate questions. Following your telephone call you will be directed to the suitable ward for assessment. You should take your hand held records, your labour bag and your birthing partner, if you have one. Birthing partner policy with NHS Highland is for a single birthing partner at any one time. However, it is possible to swap with a second person through the labour.

When coming near your due date you should think about how you will get to the hospital once in labour. It's useful to have family/friends on standby. Ambulances are for emergency situations only.

On admission the midwife will take your blood pressure, pulse and temperature. The midwife will feel your bump for contractions and listen into the baby's heart rate. Your baby's heartbeat and your contractions may also be followed electronically through a monitor linked to a machine called a CTG (cardiotocograph). The monitor will be strapped to your abdomen (tummy) on a belt. You can get up and move around with a CTG. How far you can move will depend on the type of machine. If the midwife cannot get a good trace of your baby's heart rate through your abdomen, they may recommend putting a clip on the baby's head to record the heart rate. The clip is put on during a vaginal examination and your waters will be broken if they have not already done so.

Simple forms of pain relief can be given on arrival such as paracetamol, TENS machine and Entonox gas, also called gas and air. Don't worry if you haven't heard about these methods of pain relief the midwife will explain them all to you and your birthing partner at the time. Any other types of pain relief can only be given once a vaginal examination has taken place. This examination will give the most accurate indicator of whether labour has started and if so to what stage. The midwife will talk about cervical dilatation. The cervix has to reach 10 cm for full dilatation.

Following checking your recordings and carrying out a vaginal examination the midwife will give you some options to consider. If you are very early on in labour and live near the place you are going to deliver you may return home for a little while.

We aim for 1 to 1 midwifery in labour, which means that every woman will have one midwife who is only responsible for looking after her. This midwife will support you and your birthing partner throughout labour. If your labour is prolonged this midwife may change as shifts of staff change. All your information is handed over at this time. Your midwife may ask for one of the doctors from the obstetric team to assess you if they have concerns regarding your or your baby's health or wellbeing or how labour is progressing.

Speeding up labour

Your labour may be slower than expected if your contractions are not frequent or strong enough or because your baby is in an awkward position. If this is the case, your doctor or midwife will explain why they think labour should be sped up and may recommend the following techniques to get things moving:

- Breaking your waters using a procedure called ARM (artificial rupture of membranes) is often enough to get things moving. During an internal examination, the midwife or doctor makes a small break in the membranes around your baby using either a long thin probe or a finger.
- If this doesn't work, you may be given a drip containing a drug (syntocinon), which is fed into a vein in your arm to encourage contractions – you may want some pain relief before the drip is started.
- After the drip is attached, your contractions and your baby's heartbeat should be continuously monitored with a CTG.

The aim is for every woman to have a spontaneous vaginal delivery.

The second stage of labour

This is the "pushing" stage. It begins when the cervix is fully dilated and lasts until the birth of your baby. Your midwife will help you find a comfortable position and guide you when you feel the urge to push.

Finding a position to give birth in

Find the position you prefer and that will make labour easier. You may want to remain in bed with your back propped up by pillows. Alternatively, you can stand, sit, kneel or squat (although squatting may be difficult if you are not used to it).

If you are very tired, you may be more comfortable lying on your side. If you've had backache while in labour, kneeling on all fours may be the easiest position. It can help if you have tried out some of these positions beforehand.

Pushing the baby out

When your cervix is fully dilated you can push when you feel you need to during contractions:

- Take two deep breaths as the contraction starts and push down.
- Take another breath when you need to.
- Give several pushes until the contraction ends.
- After each contraction, rest and get your strength up for the next one.

This stage of labour is hard work, but your midwife will help and encourage you. Your birth partner can also support you. This stage may take at least an hour, so it helps to know how you're doing.

What happens at the actual birth

During the second stage, the baby's head moves down the vagina until it can be seen. When the head is almost ready to come out, the midwife will ask you to stop pushing and to do a couple of quick short breaths, blowing out through your mouth. This is so your baby's head can be born slowly and gently, giving the skin and muscles of the perineum (the area between your vagina and anus) time to stretch without tearing.

The skin of the perineum usually stretches well, but it may tear. Sometimes, to avoid a tear or to speed up delivery, the midwife or doctor will inject a local anaesthetic and cut an episiotomy. Afterwards, the cut or tear is stitched up to help the healing process.

Once your baby's head is born, most of the hard work is over. With one more gentle push, the body is born quite quickly and easily. You can have your baby lifted straight onto you before the cord is cut by your midwife or birth partner.

Your baby may be born covered with a white, greasy substance known as vernix, which has acted as protection in the uterus.

The third stage of labour – the placenta

After your baby is born, more contractions will push out the placenta. Your midwife will offer you an injection in your thigh just as the baby is born, which will speed up the delivery of the placenta. The injection contains a drug called syntocinon, which makes the womb contract and helps to prevent heavy bleeding (postpartum haemorrhage).

After you have had your baby

Once you have delivered you and your birthing partner can remain in labour ward with your new baby for approx 2 hours. This gives you some quality time to spend together. We encourage immediate skin to skin contact for all mothers and babies either at delivery or as soon as possible after. Your baby will feel safe next to your skin and if you want you can let your baby breastfeed. This helps with breastfeeding later on and it also helps your womb contract. Babies start sucking immediately. However, this sometimes occurs just for a short period of time – they may just like to feel the nipple in their mouth.

As I mentioned before your baby will enjoy hearing your voice and that of other family members they have come to recognise. Your baby will enjoy looking at your face to get to know you better.

The midwives will weigh your baby. You'll be offered an injection of vitamin K for your baby, which is the most effective way of helping to prevent a rare bleeding disorder (haemorrhagic disease of the newborn). Your midwife should have discussed this with you beforehand. If you prefer that your baby doesn't have an injection, oral doses of vitamin K are available. Further doses will be necessary.

Staff will assist you to shower and it is important to tell them when you first manage to pass urine following delivery. This should not be uncomfortable so tell the staff if it is. Labour suite staff will then take you over to the postnatal ward, it may be appropriate at this time for your birthing partner to go home and rest. We have no capacity for partners to stay overnight once out of labour suite. Please check with your local unit what their arrangements are for visiting. Whilst in the postnatal ward the midwives and nursery nurses can help you care for your baby. You will be regularly checked and your blood loss noted. You will bleed after delivery similar to that of a period. If your bleeding becomes heavier, or you pass any clots, or you notice a smell from your loss let the midwife know. During this time if you have any concerns please let the midwives know.

Hopefully this podcast has helped inform you about giving birth. If you are worried or have questions you should discuss this further with a health professional such as your midwife or GP.

For more information on the project please visit
www.abdn.ac.uk/education/research/parentcraft.php

Useful sources of information

1. NHS Choices

<http://www.nhs.uk/conditions/pregnancy-and-baby/>

2. NHS Highland Facebook page

<https://www.facebook.com/NHSHighland>

3. NHS 24

NHS 24 - Scotland's national Telehealth and Telecare organisation Call us free on 111 if you are ill and it can't wait until your regular NHS service reopens <http://www.nhs24.com/>

4. Highland sling library

<https://www.facebook.com/highlandslinglibrary>